Name in Full — Certificate of Death

Charles E. Brady

Died at Town: Almshouse, County: Allegany — MARYLAND

Date 189 9 Month: Dec Day: 1 | Age Y. 39 M. — D. — | Native of Md | Occupation Boatman

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / Number of ~~children living~~

Husband / Wife of —

Father's Name —

Mother's Name

Cause of Death — Primary: Phthisis 22a — How long sick: 3 mos.

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by Clt Brady

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65068

Name in Full Geo. W Breakiron

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month Dec Day 20 Age Y. 22 M. 3 D. Native of W. Va. Occupation Brakeman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name —

Mother's Name —

Cause of Death Primary Enteric (Typhoid) Fever How long sick 3 wks

Immediate Exhaustion from Hemorrhage Accident, Suicide, Homicide

Reported by Geo. L. Broadrup MD

Address 100 Va Ave Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68869

Name in Full Cleopatra Chestnut

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 9 Dec Month 15 Day Age Y. 22 M. D. Native of Penna. Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death Primary Pulmonary Tuberculosis How long sick 9 months

Immediate Exhaustion Accident, Suicide, Homicide

Reported by E. B. Claybrook M.D.

Address 108½ Va Ave Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name in Full | Certificate of Death

Albert Chism

Died at Town: Near Wellersburg County: Alleg MARYLAND

Date 1899 Month: 12 Day: 1 Age Y. 27 ~~M.~~ ~~D.~~ Native of: Mt Savage Occupation: R.R. Brakeman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband of Wife: Annie Chism

Father's Name: Albert Chism Mother's Name: 1

Cause of Death: Primary: Typhoid Fever — How long sick: 21 days

Immediate: Exposure & over feeding — ~~Accident, Suicide, Homicide~~

Reported by: J. Carl Smith

Address: Ellerslie Md Allegany Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66988

Name in Full — Catharine R. Coulter — Certificate of Death

Town — Cumberland — County — Alleg. — MARYLAND

Died at

Date 1899 — Month Dec — Day 20 — Age Y. 58 — M. 3 — D. 17 — Native of Cumberland Md. — Occupation Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 1

~~Husband~~ / Wife of Robt. L. Coulter

Father's Name — —

Mother's Name — 42

Cause of Death — Primary: Apoplexy Cerebral — How long sick: 2 hrs

Immediate: Asthenia — ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadrup M.D.

Address 100 Va ave Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full — Certificate of Death

Mrs Elizabeth Flanagan

Died at Town Cumberland County Allegany MARYLAND

Date 189 9 Month Dec Day 19 Age Y. 54 M. – D. Native of Md – Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 11

Husband / Wife of

Father's Name — Mother's Name 42

Cause of Death: Primary Cerebral Hemorrhage — How long sick

Immediate Paralysis of respiration — Accident, Suicide, Homicide

Reported by E Bleaybrook M.D.

Address 108½ 1st Ave Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65[illegible]

Name in Full: Charlie Fleischutz

Certificate of Death

Died at Town: Cumberland County: Allegany MARYLAND

Date 1899 Month: Dec Day: 7 | Age Y. 29 M. D. | Native of: Cumberland | Occupation: Ry Cendr

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced

Number of children living: none

Husband of Wife

Father's Name

Mother's Name 145a

Cause of Death: Primary: Railway accident; Immediate: Hemorrhage

How long sick: 9 days

Accident, Suicide, Homicide

Reported by: Dr. J. M. Spear

Address: Cumberland Md

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Ellen G. Hogan

Certificate of Death

Died at Town Lonaconing County Alleghany MARYLAND

Date 189 Month 9 dec Day 21 | Age Y. 19 M. 3 D. 6 | Native of N. S. | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of —

Wife

Father's Name Patrick Hogan Mother's Name Mary Hogan (Deceased)

Cause of Death: Primary Typhoid Fever | How long sick 17 Days

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Forte

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full Mary Hogan

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 Month 9 Day Dec. 19 | Age Y. 49 M. 6 D. 17 | Native of U.S. | Occupation wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living Ten.

Husband of Wife Patrick Hogan

Father's Name Isaac Cavanaugh | Mother's Name Esther Cavanaugh

Cause of Death: Primary Typhoid Fever, | How long sick 24 days

Immediate Myocarditis, | ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full John L. Izzet

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 Month Dec Day 2 | Age Y. 9 M. 10 D. 19 | Native of U.S | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of —
Wife

Father's Name Robert Izzet

Mother's Name Jane Peel

Cause of Death — Primary: R.R. Accident 145d | How long sick 22 hours

Immediate: Amputation of Thigh (Shock) | Accident, ~~Suicide, Homicide~~

Reported by M. Gibson Forlin

Address Lonaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70883

Name in Full: Thomas Jackson

Certificate of Death

Died at: Town: Alms House, County: Alleg, MARYLAND

Date 189 9 Dec Month Day 14 | Age Y. M. D. 66 | Native of Md | Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband / Wife of —

Father's Name — Mother's Name 25 b

Cause of Death: Primary Cancer of pylorus; Immediate Exhaustion

How long sick 4 or 5 mos

~~Accident, Suicide, Homicide~~

Reported by C H Brace

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Grace Jones

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 189 9 Month 13 Day | Age Y. 10 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

Husband of
Wife

Father's Name Amos Jones

Mother's Name 15-2a

Cause of Death: Primary fractured skull — How long sick

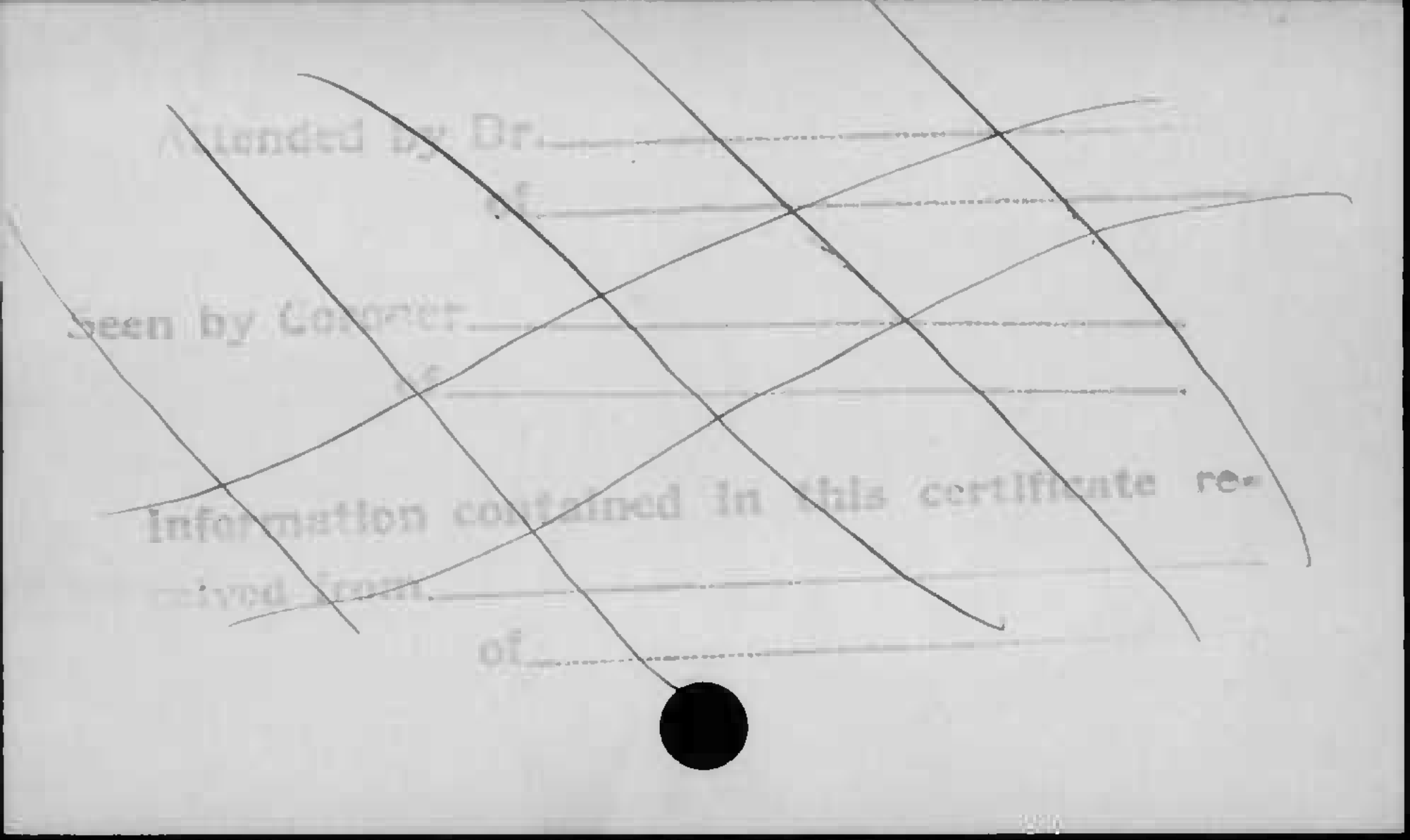
Immediate — Accident, Suicide, Homicide

Reported by Cumberland Chronicle 12-23

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79995


Attended by Dr.
of
Seen by Consult
of
information contained in this certificate re-
ceived from
of

Name in Full James Linn

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month Dec Day 7 | Age Y. 23 M. – D. – | Native of Maryland | Occupation Miner

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of 152 a

Father's Name George Linn

Mother's Name Mary Gardner

Cause of Death

Primary Fracture of ribs and crushed forb.

How long sick Eight days,

Immediate Traumatic Pneumonia (Septic)

Accident, ~~[illegible]~~

Reported by W. S. Skilling M.D.

Address Lonaconing Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Neme in Full

Certificate of Death

Alexander William McKenzie

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month December Day 7. Age Y. 62 M. 4 D. 27 Native of ~~Scotland~~ Maine Occupation Miner

~~Male~~ ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 5

~~Wife~~ Husband of Margaret H. Wilson

Father's Name Alexander McKenzie Mother's Name ~~Former~~ Jessie Cameron

Cause of Death: Primary Progressive Pernicious Anaemia How long sick 12 Months

Immediate Paralysis 32 ~~Accident, Suicide, Homicide~~

Reported by Dr. J. D. Skilling

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79P08

Name in Full — Certificate of Death

John Maffley

Died at So. Cumberland — Town — Allegany — County — MARYLAND

Date 189 9 — Month Dec — Day 7 — Age Y. 3 M. 11 D. — Native of So. Cumb'd — Occupation —

Male — White — ~~Married~~ — Widow — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — Widower — ~~Number of children living~~

Husband of —

Wife 86

Father's Name John Maffley — Mother's Name Annie Maffley

Cause of Death — Primary Sporadic Laryngitis Pneumonia — How long sick 1½ Wks

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadrup M D

Address 100 Va Ave Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full Elizabeth Victoria Mosier — Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month 12 Day 4 | Age Y. 3 M. 2 D. 6 | Native of Md | Occupation Child

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ———

Father's Name Frank Mosier | Mother's Name Annie —

Cause of Death: Primary Burn 146a | How long sick 3 hours

Immediate " Shock | Accident, ~~Suicide Homicide~~

Reported by C. Robinette M.D.

Address Lonaconing Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name in Full

Simon Nolan

Certificate of Death

Died at Town near Lonaconing County Allegany MARYLAND

Date 189 9 Month 12 Day 2 | Age Y. 87 M. D. | Native of Ireland | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / ~~Widow~~ / Widower / ~~Divorced~~ | Number of children living 1

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by The Star 12-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Baby Richards

Died at Town Lonacoming County Allegany MARYLAND

Date 1894 Month Dec Day 21 Age Y. — M. 3 D. — Native of U.S. Occupation — none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

69

Father's Name Wm Richards Mother's Name Mary Peebles

Cause of Death Primary Acute Bronchitis How long sick Four days

Immediate Meningitis ~~Accident, Suicide, Homicide~~

Reported by W B Skilling M.D.

Address Lonacoming

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Name In Full Smith

Certificate of Death

Died at Town: Midland County: Allegany MARYLAND

Date 1899 Month: 12 Day: 26 | Age Y. 0 M. 8 D. | Native of Maryland | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of / Wife

Father's Name: John Smith | Mother's Name

Cause of Death: Primary: Meningitis | How long sick

Immediate | ~~Accident, Suicide, Homicide~~

Reported by J. F. Cadden

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7000R

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full | Certificate of Death

Annie Bell Twigg

Died at Town: Cumberland County: Allegany MARYLAND

Date 1899 Month: Dec Day: 12 Age Y. M. D.: 32 Native of: Maryland Occupation: —

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Mosso Twigg

Father's Name Rowley Twigg Mother's Name Ellen Twigg

Cause of Death: Primary Typhoid Fever 1 How long sick 15 days

Immediate Hemorrhage Accident, Suicide, Homicide

Reported by E B Claybrook M.D.

Address 108½ Va Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65465

Name in Full: Irwin H. Wentz

Certificate of Death

Died at: Town: Cumberland County: Allegany

MARYLAND

Date 1899 Month: Dec Day: 19

Age Y. 40 M. 1 D. 19

Native of: W Va

Occupation: Brakeman

Male / Female

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / ~~Widower~~

~~Divorced~~

Number of children living: 2

Husband / Wife of: Bertie Liller

Father's Name

Mother's Name

145 d

Cause of Death: Primary: Head Injury due to

Immediate: R. R. accident

How long sick

Accident, Suicide, Homicide

Reported by: E B Claybrook M.D.

Address: 108½ Va Ave Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full William Whitefield — Certificate of Death

Died at Town Conaconing County Allegany MARYLAND

Date 189 9 Month Dec. Day 27 | Age Y. 57 M. 1 D. 13 | Native of U. S | Occupation Miner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widowed~~ Widower | ~~Divorced~~ | Number of children living 5

Husband of Wife Mary C. Richard (Deceased)

Father's Name John Whitefield (Deceased) Mother's ~~Deceased~~

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick 6 weeks

Immediate: 22a — ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Forte

Address Conaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

David Wilson

Certificate of Death

Died at Town: Almshouse, County: Allegany — MARYLAND

Date 189 9 — Month: Dec — Day: 27 — Age: Y. 88 M. — D. 2 — Native of: Scotland — Occupation: Miner

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ — Number of children living: 3

Husband of / Wife: —

Father's Name: —

Mother's Name: — 1641

Cause of Death — Primary: senile decay — How long sick: 5 weeks

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by: True Chipman

Address: Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full James Wilson

Certificate of Death

Died at Town Sylvan Retreat County Alleg. MARYLAND

Date 189 9 Month Dec Day 22 Age Y. 38 M. — D. — Native of Scotland Occupation miner

Mala ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband of Wife —

Father's Name —

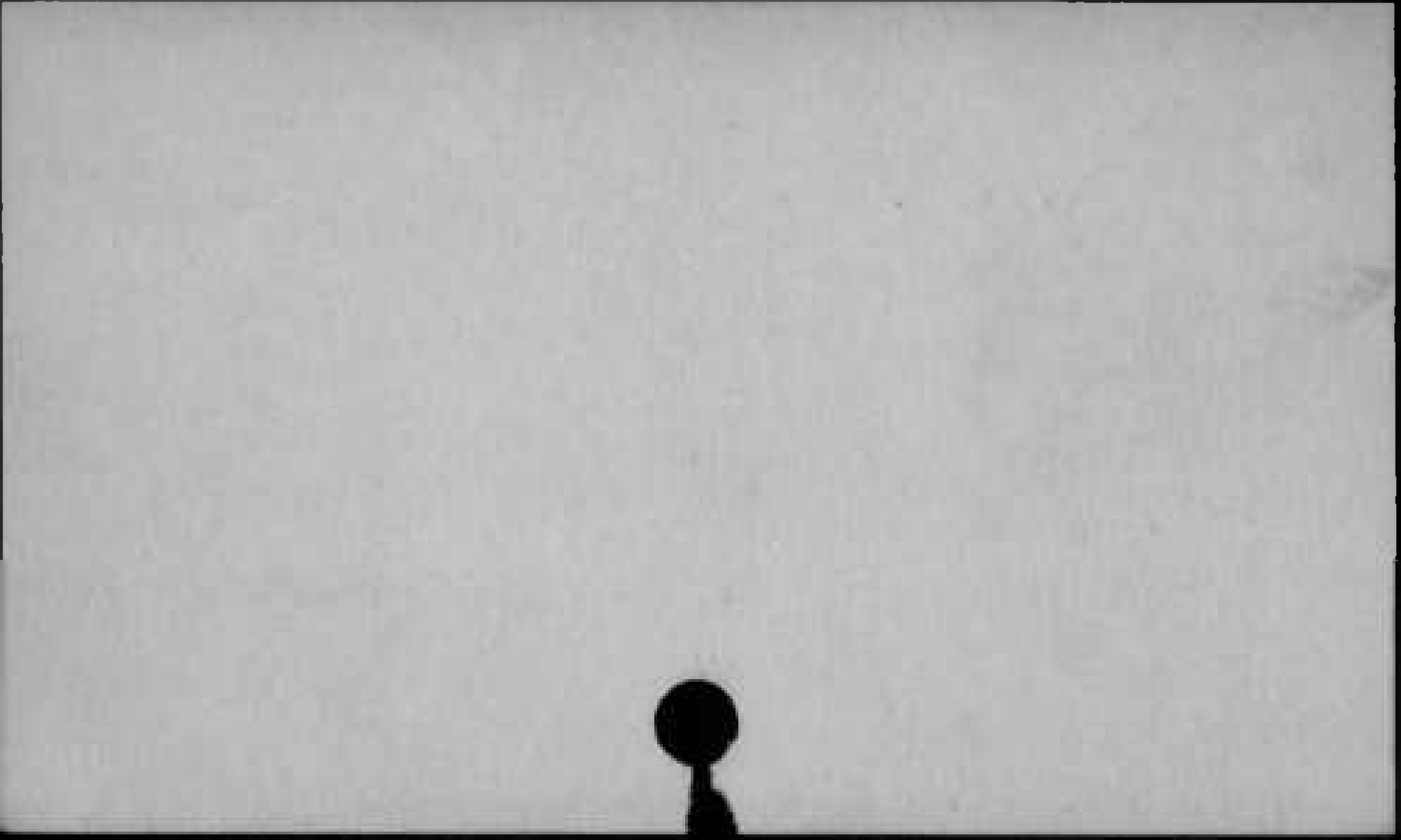
Mother's Name

Cause of Death Primary Paralysis 44 How long sick 5 days

Immediate Anna ~~Accident, Suicide, Homicide~~

Reported by O H Brace

Address Cumbd Md

Must be signed by physician, if any in attendance, otharwise coronar, undertaker or minister.

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